



HIAWATHA
TELEPHONE
COMPANY

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OCT 23 2013

DOCKET FILE COPY ORIGINAL FCC Mail Room

108 West Superior Street • Munising, MI 49862-1192
(906) 387-9911 • FAX (906) 387-9920

October 14, 2013

REDACTED FILING

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington DC 20554

Re: FCC Form 481 as Required in WC Docket Nos. 10-90 and 11-42

Dear Ms. Dortch:

Enclosed for filing please find an original and three (3) copies of Hiawatha Telephone Company's (HTC) FCC Form 481 pursuant, to WC Docket Nos. 10-90 and 11-42 as specified in the Public Notice released August 6, 2013 (DA 13-1707). The enclosed information bears the REDACTED version of HTC's financial statements.

Thank you for your assistance.

Respectfully,



James P. Brogan III
President

Enclosure(s)

No. of Copies rec'd 0+3
List ABCDE

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0049 OMB Control No. 3060-0819 July 2013
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<010> Study Area Code 310713

<015> Study Area Name HIAWATHA TEL CO

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data James P. Brogan III

<035> Contact Telephone Number: Number of the person identified in data line <030> 906-387-9911

<039> Contact Email Address: Email of the person identified in data line <030> jpbrogan@jamadots.net

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OCT 23 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting (complete attached worksheet)	(check box when complete)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice) (complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)		<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice) (attach descriptive document)			
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband) (attach descriptive document)			
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0			
<420> Mobile 0.0			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 310713mi510 (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations (check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 310713mi610 (attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) (complete attached worksheet)			
<710> Company Price Offerings (broadband) (complete attached worksheet)			
<800> Operating Companies and Affiliates (complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability (check to indicate certification)			
<1010> (attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)			
<1110> (complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)	<input type="checkbox"/>	
<2005> (complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)	<input checked="" type="checkbox"/>	
<3005> (complete attached worksheet)		

1. 1. 1. 1. 1. 1.

2. 2. 2. 2. 2. 2.

3. 3. 3. 3. 3. 3.

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310713
<015>	Study Area Name	HIAMATHA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@janadots.net
<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

310713

<010> Study Area Code

<015>	Study Area Name
	HIAWATHA TEL CO

<020>	Program Year	2014
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<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
-------	---	---------------------

<035> Contact Telephone Number - Number of person identified in data line <030> 906-387-9911

Contact Email Address - Email Address of person identified in data line <030>	jbrogan@tamadots.net
<039>	

$\langle 220 \rangle$	$\langle a \rangle$	$\langle b1 \rangle$	$\langle b2 \rangle$	$\langle b3 \rangle$	$\langle b4 \rangle$	$\langle c1 \rangle$	$\langle c2 \rangle$	$\langle d \rangle$	$\langle e \rangle$	$\langle f \rangle$	$\langle g \rangle$	$\langle h \rangle$
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[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<711> <41> <2> <67> <22> <6> <45>

[illegible]

~~See attached worksheet --~~

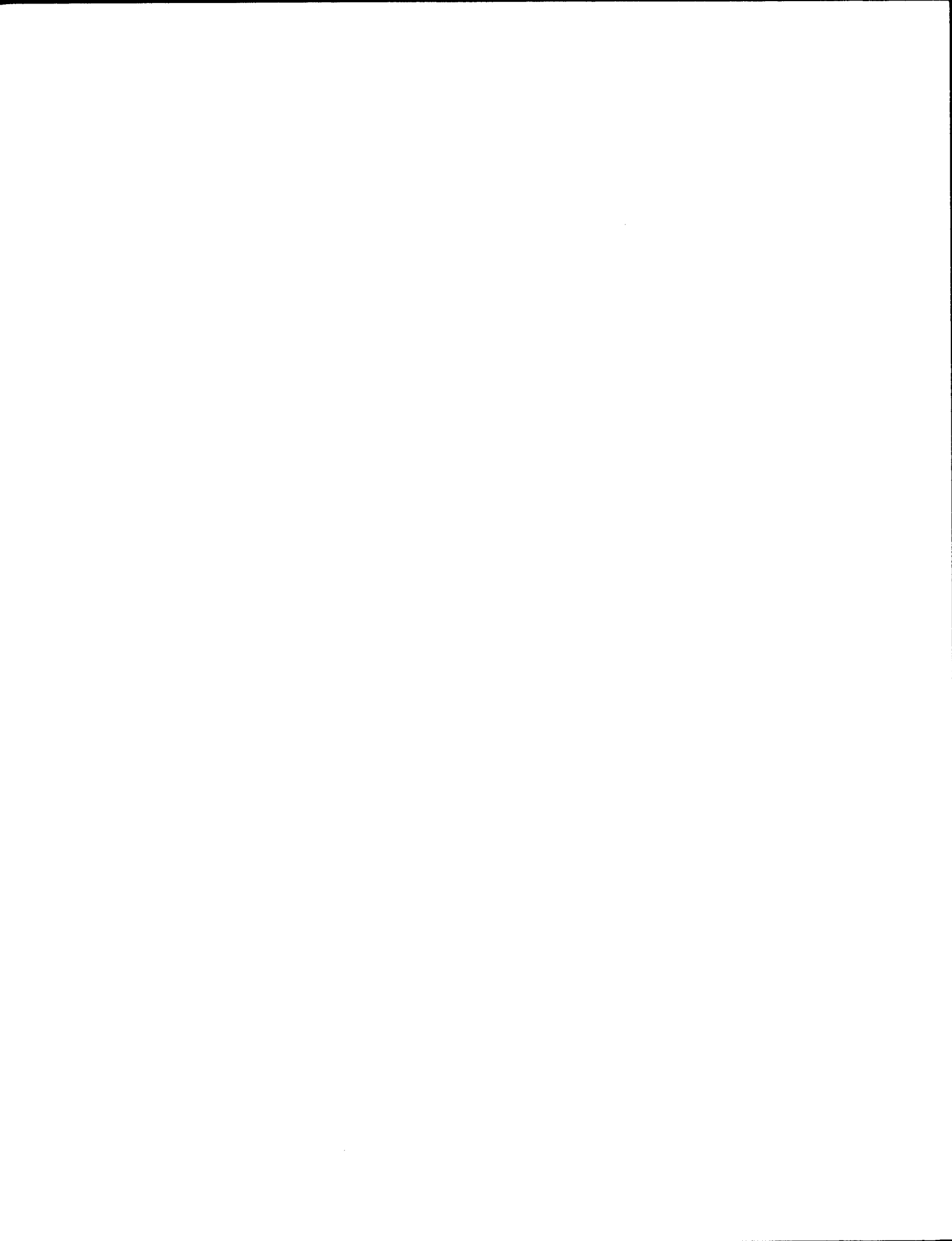
<010>	Study Area Code	310713
<015>	Study Area Name	HIAMATHA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@amadots.net
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

	Select (Yes,No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	



**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310713
<015>	Study Area Name	HIAWATHA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@janadots.net

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	310713
<015>	Study Area Name	HIAWATHA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP www.jamadots.com

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	
<010>	Study Area Code	310713	
<015>	Study Area Name	HIAMATHA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III	
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net	

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>
		Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0619 July 2013
<010>	Study Area Code	310713		
<015>	Study Area Name	HIAMATHIA TEL CO		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III		
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadot.s.net		

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	(Yes/No)
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) If your company is a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3016) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/> (Yes/No)
(3017) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3021) Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3022) Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3023) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3024) Attach the worksheet listing required information		<input checked="" type="checkbox"/>
(3025) Name of Attached Document Listing Required Information		310713.m1.3026
(3026)		

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310713
<015>	Study Area Name	HIAWATHA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	HIAWATHA TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	James Brogan III
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	906-387-9911
Study Area Code of Reporting Carrier:	310713
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310713
<015>	Study Area Name	HIAWATHA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

10/14/2013



HIAWATHA
TELEPHONE
COMPANY

Received & Inspected

OCT 23 2013

FCC Mail Room

108 West Superior Street • Munising, MI 49862-1192
(906) 387-9911 • FAX (906) 387-9920

WC Docket Nos. 10-90 and 11-42

FCC FORM 481

**STATEMENT REGARDING SERVICE QUALITY STANDARDS & CONSUMER
PROTECTION RULES COMPLIANCE (500/510)**

As a licensed local exchange carrier in Michigan, **Hiawatha Telephone Company** ("Carrier") is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act (MTA), and all MPSC Guidelines and Rules promulgated or adopted thereunder. Carrier will comply with all applicable and effective MPSC and FCC consumer protection and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules (copy attached). Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule (copy attached). Attached are annual notices to customers on matters related to customer privacy.

Carrier passes through all state and federal Lifeline discounts to its customers. Attached are materials that Carrier provides to customers regarding Lifeline.

Carrier has established processes and procedures to ensure employee compliance with implemented consumer protection and service quality standards. Periodic updates and training are offered to employees actively involved in business operations related to consumer protection and service quality standards.

Received & Inspected

OCT 23 2013

FCC Mail Room

CPNI Manual

Customer Proprietary Network Information (CPNI)

**Compliance Manual and
Operating Procedures**

For

Hiawatha Telephone Company
(Company Name)

Revised

**December 1, 2007
December 3, 2007 (ASP)**

This Manual reflects federal law on the subject of Customer Proprietary Network Information (CPNI), and is current through the FCC's Report and Order and Further Notice of Proposed Rulemaking, CC Docket No. 96-115 (rel'd April 2, 2007).

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APPENDIX 1 – Annual Certificate of Compliance with CPNI Rules

APPENDIX 2 – Employee Verification of CPNI Manual Review

APPENDIX 3 – Sample Opt-Out Notice

APPENDIX 4 – Sample Customer CPNI Disclosure Form

APPENDIX 5 – Log of Customer Complaints Related to CPNI

SECTION 1

DEFINITIONS

Account Information: Information that is specifically connected to the Customer's service relationship with a Carrier, including such things as an account number or any component thereof, the telephone number associated with the account, or the bill amount.

Address of Record: An address, whether postal or electronic, that a Carrier has associated with the Customer's account for at least 30 days.

Affiliate: A person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. The term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Aggregate Customer Information: Collective data that relates to a group or category of services or Customers, from which individual Customer identities and characteristics have been removed.

Breach: When a person, without authorization or exceeding authorization, has intentionally gained access to, used, or disclosed CPNI.

Carrier: See Telecommunications Carrier.

Call Detail Information: Any information that pertains to the transmission of specific telephone calls, including, for outbound calls, the number called, and the time, location, or duration of any call and, for inbound calls, the number from which the call was placed, and the time, location, or duration of any call. Remaining minutes of use is not Call Detail Information (but is CPNI).

CMRS: Commercial Mobile Radio Service.

Communications-Related Services: Telecommunications Services, Information Services typically provided by Telecommunications Carriers, and services related to the provision or maintenance of Customer Premises Equipment.

Company: Hiawatha Telephone Company

Customer: A person or entity to which a Telecommunications Carrier is currently providing service.

SECTION 1

DEFINITIONS (CONT'D)

Customer Premises Equipment: Equipment employed on the premises of a person (other than a Carrier) to originate, route, or terminate telecommunications.

Emergency Notification Services: Services that notify the public of an emergency.

Emergency Services: 9-1-1 emergency services and emergency notification services.

Emergency Support Services: Information or data base management services used in support of emergency services.

FCC: Federal Communications Commission.

Information Service: The offering of a capability for generating, acquiring, storing, transforming, processing, retrieving, utilizing, or making available information via telecommunications, and includes electronic publishing, but does not include any use of any such capability for the management, control, or operation of a telecommunications system or the management of a Telecommunications Service.

Information Services Typically Provided by Telecommunications Carriers: Information services that Telecommunications Carriers typically provide, such as Internet access or voice mail services. The term does not include retail consumer services provided using Internet websites (such as travel reservation services or mortgage lending services), whether or not such services might otherwise be considered to be Information Services.

Interconnected VoIP Service: A service that: (1) enables real-time, two-way voice communications; (2) requires a broadband connection from the user's location; (3) requires Internet protocol-compatible Customer Premises Equipment; and (4) permits users generally to receive calls that originate on the public switched telephone network and to terminate calls to the public switched telephone network.

Local Exchange Carrier: Any person engaged in the provision of telephone exchange service or exchange access. Such term does not include a person insofar as such person is engaged in the provision of a commercial mobile service (except to the extent that the FCC determines that such service should be included in the definition of the term).

SECTION 1

DEFINITIONS (CONT'D)

Opt-In Approval: A method for obtaining Customer consent to use, disclose, or permit access to the Customer's CPNI. This approval method requires that the Carrier obtain the Customer's affirmative, express consent allowing the requested CPNI usage, disclosure, or access after the Customer is provided appropriate notification of the Carrier's request.

Opt-Out Approval: A method for obtaining Customer consent to use, disclose, or permit access to the Customer's CPNI. Under this approval method, a Customer is deemed to have consented to the use, disclosure, or access to the Customer's CPNI if the Customer has failed to object thereto within the prescribed waiting period, after the Customer is provided appropriate notification of the Carrier's request for consent.

Public Safety Answering Point: The term "public safety answering point" means a facility that has been designated to receive emergency calls and route them to emergency service personnel.

Readily Available Biographical Information: Information drawn from the Customer's life history and includes such things as the Customer's social security number, or the last four digits of that number; mother's maiden name; home address; or date of birth.

Subscriber List Information: Any information (1) identifying the listed names of a Carrier's subscribers and the subscribers' telephone numbers, addresses, or primary advertising classifications (as such classifications are assigned at the time of the establishment of such service), or any combination of such listed names, numbers, addresses, or classifications; and (2) that the Carrier or an Affiliate has published, caused to be published, or accepted for publication in any directory format.

Telecommunications Carrier: Any provider of Telecommunications Services, except that such term does not include aggregators of Telecommunications Services, but does include an entity that provides Interconnected VoIP Service.

Telecommunications Service: The offering of telecommunications for a fee directly to the public, or to such classes of users as to be effectively available directly to the public, regardless of the facilities used.

Telephone Number of Record: The telephone number associated with the underlying service, but does not include the telephone number supplied as a Customer's "contact information."

SECTION 1

DEFINITIONS (CONT'D)

Valid Photo ID: A government-issued means of personal identification with a photograph such as a driver's license, passport, or comparable identification that is not expired.

SECTION 2

STATEMENT OF CORPORATE POLICY

The policy of Hiawatha Telephone Company is to comply with the letter and spirit of all laws of the United States, including those pertaining to CPNI contained in § 222 of the Telecommunications Act of 1996, as amended, 47 USC 222, and the FCC's regulations, 47 CFR, Part 64, Subpart U. The Company's policy is to protect the confidentiality of CPNI, and to rely on the involvement of high-level management to ensure that no use of CPNI is made until a full review of applicable law has occurred.

The FCC's regulations, 47 CFR 64.2009, require the Company to implement a system to clearly establish the status of a Customer's CPNI approval prior to the use of CPNI, and to train its personnel as to when they are, and are not, authorized to use CPNI, and to have an express disciplinary process in place. This Manual constitutes the Company's policies and procedures related to CPNI.

All employees are required to follow the policies and procedures specified in this Manual.

- ◆ Any questions regarding compliance with applicable law and this Manual should be referred to Amy Peterson, Office Manager.
- ◆ Any violation of, or departure from, the policies and procedures in this Manual shall be reported immediately to your Supervisor. If your immediate Supervisor is not available, contact a member of executive staff.

SECTION 3

WHAT IS CPNI?

Customer Proprietary Network Information (CPNI) is—

Information that relates to the quantity, technical configuration, type, destination, location, and amount of use of a Telecommunications Service subscribed to by any Customer of a Telecommunications Carrier, and that is made available to the Carrier by the Customer solely by virtue of the Carrier-Customer relationship; and Information contained in the bills pertaining to telephone exchange service or telephone toll service received by a Customer of a Carrier.

Examples:

- Information regarding to whom, where, and when a Customer places a call;
- Frequency, timing, and duration of calls;
- The types of service offerings to which the Customer subscribes;
- The extent to which a Customer uses a service;
- The Customer's pre-subscribed toll provider; and
- Call Detail Information on Inbound and Outbound Calls.

CPNI is Not—

- Subscriber List Information.
- Customer name, address and phone number.
- Aggregate Customer Information.
- *whatever is published in the directory*
- *aggregate.*
 - *describing a group (i.e. customers w/ VM)*

SECTION 4

USE OF CPNI IN GENERAL

- A. Duty. The Company has a duty to protect the confidentiality of its Customers' CPNI. The Company must disclose CPNI upon affirmative written request by the Customer, to any person designated by the Customer.
- B. Use of CPNI Obtained from Company's Customers: Except as otherwise permitted as described in this Manual, when the Company receives or obtains CPNI by virtue of its provision of a Telecommunications Service, it can only use, disclose, or permit access to individually identifiable CPNI in its provision of:
 - 1. The Telecommunications Service from which the information is derived; or
 - 2. Services necessary to, or used in, the provision of the Telecommunications Service, including the publishing of directories.
- C. Use of CPNI Obtained from Other Carriers: When the Company receives or obtains CPNI from another Carrier for purposes of providing any Telecommunications Service, it shall use such CPNI only for such purpose, and not for its own marketing efforts.
- D. Use of Aggregate Customer Information.
 - 1. Aggregate Customer Information is collective data that relates to a group or category of services or Customers, from which individual Customer identities and characteristics have been removed.
 - 2. The Company may use, disclose, or permit access to Aggregate Customer Information other than for the purposes described in Paragraph B above, but only if it provides such information to other Carriers or persons on reasonable and nondiscriminatory terms and conditions upon reasonable request.
- E. Tracking Calls to Competitors Prohibited: The Company cannot use, disclose or permit access to CPNI to identify or track Customers that call competing service providers.
- F. The Company will disclose CPNI, upon affirmative written request by the Customer, to any person designated by the Customer. See Appendix 4 for Sample Form.

SECTION 5

USE OF CPNI: CUSTOMER APPROVAL NOT REQUIRED

The Company may use, disclose, or permit access to CPNI, without Customer approval:

- A. To provide inside wiring installation, maintenance, and repair services.
- B. For the provision of Customer Premises Equipment and call answering, voice mail or messaging, voice storage and retrieval services, fax store and forward, and protocol conversion.
- C. To protect the rights or property of the Company, or to protect users of services and other Carriers from fraudulent, abusive, or unlawful use of, or subscription to, such services.
- D. Initiate, render, bill and collect for Telecommunications Services;
- E. CMRS providers may use, disclose, or permit access to CPNI to:
 - 1. conduct research on the health effects of CMRS;
 - 2. to provide call location information concerning the user of CMRS—
 - a. to a Public Safety Answering Point, emergency medical service provider or emergency dispatch provider, public safety, fire service, or law enforcement official, or hospital emergency or trauma care facility, in order to respond to the user's call for Emergency Services;
 - b. to inform the user's legal guardian or members of the user's immediate family of the user's location in an emergency situation that involves the risk of death or serious physical harm; or
 - c. to providers of information or database management services solely for purposes of assisting in the delivery of Emergency Services in response to an emergency.
- F. Certain marketing activities as discussed on Section 6.

emergency services can access/change info. at any time

SECTION 6

USE OF CPNI: MARKETING WITHOUT CUSTOMER APPROVAL

- A. The Company may use, disclose, or permit access to CPNI for the purpose of providing or marketing service offerings among the categories of service (i.e., local, interexchange, and CMRS) to which the Customer already subscribes from the Company, without Customer approval.
 - Example: Customer subscribes to the primary basic local exchange service of ABC Telephone Company (ABC). ABC may use CPNI to market a different local exchange service calling plan to Customer.
- B. If the Company provides different categories of service, and a Customer subscribes to more than one category of service (the categories being local, interexchange, and CMRS) offered by the Company, the Company may share CPNI among its Affiliated entities that provide a service offering to the Customer, without Customer approval.
 - Example: Customer subscribes to the local telephone service of ABC Telephone Company (ABC), and also subscribes to the toll service of ABC. ABC may share CPNI with its Affiliate, XYZ Corp, without obtaining Customer's prior approval, if XYZ Corp provides a service offering to the customer.
- C. The Company may, without Customer approval, use CPNI to market services formerly known as adjunct-to-basic services, such as, but not limited to, speed dialing, computer-provided directory assistance, call monitoring, call tracing, call blocking, call return, repeat dialing, call tracking, call waiting, caller ID, call forwarding, and Centrex features.

SECTION 7

USE OF CPNI: ONLY WITH CUSTOMER APPROVAL

- A. The Company may not use, disclose, or permit access to CPNI to market service offerings to a Customer that are within a category of service to which the Customer does not already subscribe from the Company, unless:
 - 1. No Customer approval is necessary (as described in Section 6); or
 - 2. The Company has Customer approval to do so.
- B. If the Company provides different categories of service, but a Customer does not subscribe to more than one offering by the Company, the Company is not permitted to share CPNI with its Affiliates, except with the Customer's approval.
 - Example: Customer subscribes to the local telephone service of ABC Telephone Company (ABC), but no other service. ABC may not share CPNI with its Affiliate, XYZ Long Distance, without obtaining Customer's prior approval.
- C. The Company may obtain approval through written, oral or electronic methods.
 - 1. If the Company relies on oral approval, it bears the burden of demonstrating that such approval has been given in compliance with the FCC's regulations.
 - 2. A Customer's approval or disapproval to use, disclose, or permit access to CPNI must remain in effect until the Customer revokes or limits such approval or disapproval.
 - 3. The Company must maintain records of approval, whether oral, written or electronic, for at least one year.

SECTION 7

USE OF CPNI: ONLY WITH CUSTOMER APPROVAL (CONT'D)

- D. Except as described in Section 5.E., CMRS providers must obtain the Customer's express prior authorization before disclosing or providing access to:
1. Call location information concerning the user of a commercial mobile service, or
 2. Automatic crash notification information of any person other than for use in the operation of an automatic crash notification system.
- E. Use of Opt-Out and Opt-In Approval Processes: The Company may utilize the Opt-Out or Opt-In Method to obtain approval to use its Customer's individually identifiable CPNI for the purpose of marketing communications-related services to that Customer.
1. Opt-Out Method.
 - a. Not Permissible:
 - (1) To obtain approval to disclose the Customer's CPNI to joint venture partners or independent contractors.
 - (2) For the purpose of marketing non-Communications-Related Services to a Customer.
 - Example: Opt-Out Method cannot be used to obtain Customer approval to market video services.
 - b. Permissible: In cases requiring prior Customer approval for the purpose of marketing Communications-Related Services to a Customer (but not for disclosing CPNI to joint venture partners or independent contractors).
 2. Opt-In Method: Permissible in all cases requiring prior Customer approval.

SECTION 8

NOTICES REQUIRED TO OBTAIN APPROVAL TO USE CPNI

A. Mandatory Notices Regarding Solicitation.

1. Prior to soliciting any Customer approval to use, disclose, or permit access to Customers' CPNI, whether through the Opt-In Method or the Opt-Out Method, the Company must notify the Customer of the Customer's right to restrict use of, disclosure of, and access to, the Customer's CPNI.
2. Content of Notice: Customer notification must provide sufficient information to enable the Customer to make an informed decision whether to permit a Carrier to use, disclose, or permit access to, the Customer's CPNI. The notification must:
 - a. State that the Customer has a right, and the Company has a duty, under federal law, to protect the confidentiality of CPNI.
 - b. Specify the types of information that constitute CPNI and the specific entities that will receive the CPNI, describe the purposes for which CPNI will be used, and inform the Customer of the right to disapprove those uses, and deny or withdraw access to CPNI at any time.
 - c. Advise the Customer of the precise steps the Customer must take in order to grant or deny access to CPNI, and must clearly state that a denial of approval will not affect the provision of any services to which the Customer subscribes. However, the Company may provide a brief statement, in clear and neutral language, describing consequences directly resulting from the lack of access to CPNI.
 - d. Be comprehensible and not misleading.
 - e. State that any approval or denial of approval for the use of CPNI outside of the service to which the Customer already subscribes from that Carrier is valid until the Customer affirmatively revokes or limits such approval or denial.